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AUG 28 2001

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WM31/0524

JOHN G COSTA  
PO BOX 948  
HIGHLAND NY 12528

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EF037572179W

John G. Costa

(Depositor's name)

John G. Costa

(Signature)

8/20/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/430,792	10/30/99	020	DO, A	2624 05/24/01
First Named Applicant	JONES,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION OBJECT IDENTIFICATION SYSTEM APPLICATIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 JONES003	382-106.000	G81	UTILITY	YES	\$620.00	08/24/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John G. Costa

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

John G. Costa

(Date)

8/20/01

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